

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061494

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ORTHOPAEDIC SPECIALISTS OF MIAMI BEACH, INC.

**Current Principal Place of Business:**

4701 MERIDIAN AVE  
STE 601 ADAMS BLDG.  
MIAMI BEACH, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402125  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 65-0616785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOZMAN, PHILIP R  
4701 MERIDIAN AVE ADAMS BLDG  
STE 601 ADAMS BLDG.  
MIAMI BCH, FL 33140 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: LOZMAN, PHILIP R  
Address: 4701 MERIDIAN AVE, SUITE 601 ADAMS BLDG.  
City-St-Zip: MIAMI BEACH, FL 33410 US

Title: VSD ( ) Delete  
Name: SHER, JERRY S  
Address: 4701 MERIDIAN AVE, SUITE 601 ADAMS BLDG.  
City-St-Zip: MIAMI BEACH, FL 33410 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LOZMAN

PTD

04/28/2006

Electronic Signature of Signing Officer or Director

Date